

Evidence for change of
birth date shown on:

HM No. G 11 DEC 20 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12462

134

1. PLACE OF DEATH:

County... Frederick

City or town... Emmitsburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 44 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Emmitsburg, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Albert Phillip Adelsberger

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife... Carrie Agnes Miller Adelsberger

65

7. Birth date of deceased (mo., day, yr.)... October 27, 1888 1982

6. (c) If alive, give age... years

8. AGE: Years Months Days If less than one day

66

1

4

hrs.

min.

9. Birthplace... Frederick County, Maryland

(Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business

12. Name... Thomas J. Adelsberger

13. Birthplace... Frederick County, Maryland

14. Maiden name... Maria Florence

15. Birthplace... Frederick County, Maryland

16. Informant... Oldrich A. Tokar

Address... Emmitsburg, Md.

17. Burial Date thereof Dec. 4, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... Mt. View Cemetery

Location... Emmitsburg, Maryland

18. Funeral director... S. L. Adelson

Address... Emmitsburg, Maryland

19. Dec 3-48 M.F. Shuff

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 1 1948 at 8:04 M

21. (a) That death occurred on the date above stated; that attended deceased from Jan. 48 to Dec 1 48

and that I last saw him alive on Nov 30 1948

Immediate cause of death... Carcinoma Pancreas

DURATION

10 MO

Due to...

Due to...

Other conditions... Chronic myocarditis

7 hypertension - 3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... W.R. Radle MD

Address... Emmitsburg Md

Date signed... 12-4-48

RECEIVED

DEC 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contest age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

12463

93d

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
Emergency HospitalHow long in hospital or institution? About 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 250 East 7th Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

CAMPSEY M. ALLISON

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Widowed</u>

6. (b) Name of husband or wife Lester D. Allison

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 8, 1879

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>9</u>	_____ hrs. _____ min.

8. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Richard W. Fry13. Birthplace Virginia14. Maiden name Mandy Cockrell15. Birthplace Virginia16. Informant Mr. Dorsey G. CookAddress Middletown, Maryland17. Burial Date thereof December 20, 1948
(Burial, cremation or removal, which) (month) (day) (year)Cemetery or crematory Church Hill CemeteryLocation Nr. Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 17 Dec 19 48 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17th 19 48 at 5:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 19 48 to Dec. 17 19 48and that I last saw her alive on Dec. 16 19 48Immediate cause of death Atherosclerotic Cardiovascular Disease

DURATION

10 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

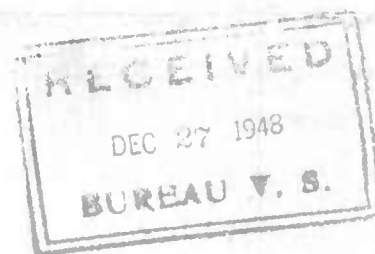
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hunsack M.D.Address Frederick, Md. Date signed Dec. 17, 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

93d

12464

134

1. PLACE OF DEATH:

County Frederick
City or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Mrs Luella White Connor

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Andrew A. Connor
7. Birth date of deceased (mo., day, yr.) June 25 - 1863 6.(c) If alive, give age _____ years
8. AGE: Years 85 Months 5 Days 29 It less than one day _____ hrs. _____ min.
9. Birthplace Adams County, Pa
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

12. Name Ross White
13. Birthplace Adams County Pa
14. Maiden name Ann Horner
15. Birthplace Adams County Pa
16. Informant Mrs Luella Connor
Address Emmitsburg Md
17. Burial Date thereof for 26-48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Presbyterian
Location W. Emmitsburg Md
18. Funeral director L.O. Fries & Son
Address Farmington Md
19. Dec 26 48 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 48 at 10:30 M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 to Dec 23 48
and that I last saw him alive on Dec. 23 48
Immediate cause of death arteriosclerotic cardiovascular disease with myocardial degeneration - several years
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE W.R. Cagle M.D.
Address Quantico Md Date signed 12-26-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 4 1949

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12465

131

550

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 Years

Hospital, institution, or street address where death occurred:

366 West Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 366 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

ELIZABETH FRANCES BARTHLOW

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced6. (b) Name of husband or wife M. Ernest Barthlow6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) September 30, 1879

8. AGE: Years Months Days If less than one day

69229hrs.min.9. Birthplace McGaheysville, Rockingham Co., Virginia

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Harvey Burke13. Birthplace VirginiaMOTHER 14. Maiden name Emily C. Crawford15. Birthplace Virginia16. Informant Mrs. Charles C. CrumAddress Frederick, Maryland17. Burial Date thereof December 31, 1948

(Burial, cremation, or removal, which?)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 30 Dec 19 48 Elizabeth G. Heck

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27th 19 48 at 6:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 - 1948 to Dec 29 19 48and that I last saw him or her alive on Dec 29 19 48

Immediate cause of death

Broncho Pneumonia+ cardiac Decomposition

Due to

Due to

Other conditions Broncho of T. Hyund

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. Lawrence Fabian MDAddress Frederick MD Date signed 12-30-48

DURATION

1 day2 days15 years

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JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: *Frederick*
 County *Frederick*
 City or town *Frederick*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? *11/23/48 to 12/1/48*

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *MD* County *Frederick*
 City or town *Keenleyside*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mr. J. Monroe Browning

3. (b) Social Security Number

4. Sex *male* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *married*
 6. (b) Name of husband or wife *Mr. Nannie L. Browning*
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) *8/1/73*

8. AGE: Years *75* Months *4* Days *2* If less than one day _____ hr. _____ min.

9. Birthplace *Maryland*
 (Town, county and state)

10. Usual occupation *Retired Farmer*

11. Industry or business

FATHER 12. Name *Luther H. N. Browning*
 13. Birthplace *Montgomery Co Md*
 MOTHER 14. Maiden name *Sarah J. Brandenberg*
 15. Birthplace *Frederick Co Md*

16. Informant *Mrs. Nannie L. Browning*
 Address *Monrovia Md*

17. Burial *Burial* Date thereof *Dec 5 1948*
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory *Providence Cemetery*
 Location *Keenleyside Md*

18. Funeral director *W. E. Falconer*
 Address *New Market Md*

19. *2 Dec 1948* *Elizabeth G. Heck*
 (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Dec 1 1948* at *3 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 23 1948* to *Dec 1 1948*
 and that I last saw him alive on *Dec 1 1948*

Immediate cause of death *Diphtheria* DURATION *10 Days*

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE *Elizabeth G. Heck* M. or other *12/2/48*
 Address _____ Date signed _____

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

STATE OF NEW YORK

DECEASED

RECEIVED
DEC 3 1948
BUREAU V. S.

BIRTH AND DEATH 12467

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 131

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Frederick
 City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
 Street address, hospital, or institution:
Frederick Memorial Hospital
 Length of mother's stay in County all of life
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
 County Frederick
 City or town Frederick R.D. I
(If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Frederick
(If RURAL give LOCATION)

3. Name of child Baby Brandy
 5. Sex male 6. Twin or triplet single

4. Date of birth Dec. 9 1948 Hour 4:30 A.M.
 7. No. of weeks pregnancy 20 weeks

FATHER OF CHILD

8. Full name George Theodore Brandy
 9. Color white 10. Age at time of this birth 38 yrs.
 11. Usual occupation Farmer

MOTHER OF CHILD

12. Full maiden name Evelyn M. Crum
 13. Color white 14. Age at time of this birth 31 yrs.
 15. Usual occupation House wife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 4
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? no
 18. Pregnancy, complications of None -

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
 (a) Fetal causes Do not know
 (b) Maternal causes Do not know

19. Labor: (a) Complications of None (b) Induced? no
 20. (a) Was there an operation for delivery? no (Yes or No)
 (b) State all operations, if any _____
 (c) Did child die before operation? -
 During operation? -

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
and to hour - did not cry
 Signature Bothmer St
(Specify if M. D., midwife, or other)
 Address Frederick, Md

23. (a) Burial (b) Date thereof 12/9/48
(Burial, cremation or removal) Mt. Olivet Cem.
 (c) Cemetery or crematory

25. (a) 9-Dec-1948 (b) Elizabeth S. Heik
(Date rec'd by registrar) (Registrar)

24. (a) Funeral director M. R. Etchison & Son
 (b) Address Frederick, Maryland

26. (To be filled out if no physician was present at delivery.)
 The above certificate has been examined by me.

Health Officer, per. _____

* See Instruction C on stub.

Child lived 1/2 hour

RECEIVED

DEC 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: *Frederick*
 County *Rural - Walkersville*
 City or town *(If outside city or town limits, write RURAL and give nearest town)*
 How long in above place of death? *Lifetime*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Frederick*
 City or town *Rural - Walkersville*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *(If rural, give LOCATION)*
 2.(a) If veteran, name war *None*

3. (a) FULL NAME *Myrtle Kate Rebecca Brunner* 3. (b) Social Security Number *None*

4. Sex *F* 5. Color or race *W* 6. (a) Single, married, widowed, or divorced *Widowed*
 6. (b) Name of husband *Charles Ed Brunner*
 7. Birth date of deceased (mo., day, yr.) *11-13-1890*
 8. AGE: Years *58* Months *0* Days *21* If less than one day *hrs. min.*

9. Birthplace *Frederick County Ind.*
 (Town, county, and state)
 10. Usual occupation *Housekeeper*
 11. Industry or business *Home*
 12. Name *Silas A. Kline*
 13. Birthplace *Washington Co. Ind.*
 14. Maiden name *?*
 15. Birthplace *?*

18. Informant *Mrs. Chas. E. Swomley*
 Address *Near Walkersville - Ind.*
 17. *Burial* Date thereof *12-7-48*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory *Pleasant Hill Cemetery*
 Location *Monrovia - Ind.*
 18. Funeral director *C. E. Clive & Son*
 Address *Frederick - Maryland*
 19. *6-Dec* 19 *48* *Elizabeth Heck*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *4 December* 19 *48* at *5 P* M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1 January* 19 *48* to *4 December* 19 *48*
 and that I last saw him alive on *3 December* 19 *48*

Immediate cause of death *Cerebrovascular accident* DURATION *3 weeks*
 Due to *Cerebral hemorrhage, left* *3 weeks*
 Due to *Generalized arteriosclerosis* *20 years*
 Other conditions *4 previous strokes*
 (Include pregnancy within 3 months of death)

Major findings of operations *?* Date of op. *?*
 Autopsy results *?*
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide *?* Date of *?*
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE *James E. Stone, Jr. MD* M. D. or other
 Address *Walkersville, Ind.* Date signed *4 Dec 48*

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since Nov. 6, 1948

Hospital, institution, or street address where death occurred:

26 East Seventh Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Chestnut Grove
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

KATIE ELIZABETH BURRIER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
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6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 17, 1875
6. (c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>11</u>hrs.min.

9. Birthplace Nr. Mt. Pleasant-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Allen Z. Burrier13. Birthplace Frederick County Maryland14. Maiden name Mary Catherine Lease15. Birthplace Frederick County Maryland16. Informant Mrs. Lewis T. Umberger
Address 26 E. 7th St., Frederick, Md.17. Burial Date thereof 12/31/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or place of interment Union Chapel CemeteryLocation Near Libertytown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 31-Dec 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1948 at 8 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 18 1948 to Dec. 28 1948
and that I last saw him alive on Dec. 28 1948Immediate cause of death Chronic Myocarditis
DURATION 18 daysDue to Chronic MyocarditisOther conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)Major findings of operations Chronic MyocarditisAutopsy results Chronic Myocarditis
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. D. Thomas M. D.
Frederick, Maryland Date signed 12-29-48

B.O. Ly.

RECEIVED

JAN 8 1949

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital
1 day

How long in hospital or institution?

3. (a) FULL NAME

ANNIE ELIZABETH
Baby Girl Butler

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

12-24-48

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

00012 hrs.

min.

9. Birthplace

Frederick County - Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal, whichever)

Date thereof

12-27-1948

Cemetery or crematory

Location

18. Funeral director

Address

19.

27 Dec19 48

(Date rec'd by registrar)

Elizabeth G. Hech
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

12-24-48 at 9:55 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-24-48 to 12-24-48

and that I last saw him alive on 12-24-48

Immediate cause of death

Infant born

DURATION

13 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

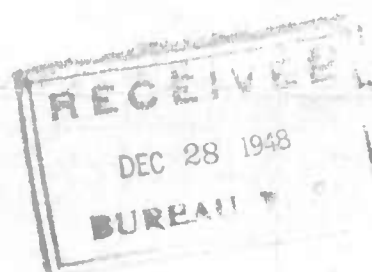
Means of injury

Injured at work?

23. SIGNATURE

Al H G Bourne
Frederick
 Address _____ Date signed 12-27-48

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12471

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

306-A North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 306-A North Market Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3.(a) FULL NAME

NELLIE J. CARMACK

3.(b) Social Security Number

None

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

M6.(b) Name of husband or Harry E. Carmack6.(c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) October 10, 1883

8. AGE:

Years

Months

Days

If less than one day

65126

hrs.

min.

9. Birthplace Near Dayton, Ohio
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Charles E. Mercer
 13. Birthplace Frederick County Maryland

14. Maiden name Levina Poole
 15. Birthplace Frederick County Maryland

16. Informant Harry E. Carmack
 Address 306-A N. Market St., Frederick, Md.

17. Burial Date thereof 12/8/48
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematorium Glade CemeteryLocation Walkersville, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 7 Dec 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1948 at 3:40A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
October 1948 to December 6, 1948
 and that I last saw her alive on December 4, 1948

Immediate cause of death

DURATION

Regenerative Heart
Disease
 Due to Myocardial Fibrosis

1 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Arthur F. Woodward M.D.

M. D. or other

Address Frederick, Md. Date signed Dec. 7/48

RECEIVED

DEC 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12472

131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

19 West Fifth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 19 West Fifth Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

MINNIE E. CRAMER

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White6. (a) Single, married, widowed, or divorcedMarried6. (b) Name of husband or Edward Allen Cramer6. (c) If alive, give age 67 years

7. Birth date of

deceased (mo., day, yr.)

December 28, 1876

8. AGE:

Years

Months

Days

If less than one day

71117

hrs.

min.

9. Birthplace

Frederick, Frederick County, Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Frederick Kehler

13. Birthplace

Frederick County, Maryland

MOTHER

14. Maiden name

Adelia Suman

15. Birthplace

Frederick County, Maryland

16. Informant

Mr. Edward Allen Cramer

Address

19 W. 5th St., Frederick, Maryland

17.

Burial

Date thereof

December 8, 1948

(Burial, cremation, or removal. Whichever)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19.

6 Dec19 48Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5th 19 48 at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 30 19 48, to Dec 5 19 48and that I last saw her alive on Dec 5 19 48

Immediate cause of death

Uremia

DURATION

5 days

Due to

Chronic parenchymatous nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Bothman

M. D. or other

Address

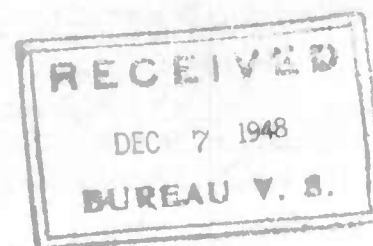
Frederick, MdDate signed 12/6/48

MARGIN RESERVED FOR BINDING

9-45-15

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12473

Reg. Dist. No.

138

1. PLACE OF DEATH:

County Frederick
 City or town Rural- Pearl
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural- Pearl
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Mary Hansen Crummitt

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife George E. Crummitt
 6.(c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) ? - ? - 1875
 8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hrs. _____ min.
 9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Andrew Hansen
 13. Birthplace Denmark
 14. Maiden name Margaret Tobery
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Albert Redmond
 Address near Pearl- Maryland
 17. Burial December 11, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C.E.Cline and Son
 Address Frederick, Maryland

19. 13-Dec 19 48 Lillian K. Yakovlev
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11th 19 48 at 4:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 19 48 to Dec. 11 19 48
 and that I last saw her alive on Dec. 11 19 48

Immediate cause of death

acute cardiac dilatation

DURATION

3 weeks

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. O. Hansen

M. D. or other

Address Frederick Md Date signed 12/13/48

RECEIVED

JAN 5 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town Maryland Tuberculosis Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/28/48
 Hospital, institution, or street address where death occurred:
State Sanatorium, Maryland
 How long in hospital or institution? Since 6/28/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore 2, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1107 E. Baltimore Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____ ✓

3. (a) FULL NAME

Michael Deckwar

3. (b) Social Security Number

220-07-8057

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Divorced</u>
-----------------------	----------------------------------	---

6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) September 14, 1894
 8. AGE: Years 54 Months 3 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Boiler Maker
 11. Industry or business _____

FATHER
 12. Name Charles Deckwar
 13. Birthplace Baltimore, Maryland
 MOTHER
 14. Maiden name Anna Duggan
 15. Birthplace Wales

16. Informant Patient and his Sister Julia Lenhoff
 Address 702 N. Lakewood Ave., Balto, Md.

17. Burial Date thereof Dec. 23, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Holy Redeemer Cem.
 Location Baltimore, Md.

18. Funeral director M. L. Creager & Son
 Address Thermont, Md.

19. _____ 19. _____
 (Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1948 at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/28/48 to Dec. 19, 1948
 and that I last saw him alive on December 19, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 86 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. W. Ballin M. D. [Signature]

Address _____ Date signed _____

RECEIVED

DEC 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

12475

22a

1. PLACE OF DEATH: Frederick
County.....
City or town..... Maryland Tuberculosis Sanatorium
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 6/30/48
Hospital, institution, or street address where death occurred:
State Sanatorium Maryland
How long in hospital or institution? Since 6/30/48

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town..... Point of Rocks, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Nellie Delaughter

3. (b) Social Security Number

216-14-5088

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Separated
6.(b) Name of husband or wife XXX Wm. R. Delaughter
8012 Georgia Ave. N.W.
7. Birth date of Driver Springs, Md. 6.(c) If child, give age 30 years
deceased (mo., day, yr.) August 10, 1918
8. AGE: Years 30 Months 4 Days 10 If less than one day
..... hrs. min.

9. Birthplace POINT OF ROCKS, MARYLAND
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Luther L. Linton
13. Birthplace Maryland
14. Maiden name Lena Dean
15. Birthplace Point of Rocks, Maryland

16. Informant Patient

Address

17. Burial Date thereof Dec. 21, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cem.

Location Point of Rocks, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. (Date rec'd by registrar) 19 Registrar Idaya

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1948 at 5:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6/30/48 to Dec. 19, 1948
and that I last saw him alive on December 19, 1948

Immediate cause of death
Miliary Tuberculosis DURATION 6 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Ballin M. D. or Other XXXX

Address..... Date signed.....

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12476

Evidence for additional info.

#22 is on:

Film No. G119 2/11/49

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredrick
 City or town Fredrick, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Fredrick Memorial Hospital
11/18/48 to 12/2/48

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Fredrick
 City or town St. Ann
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Route 1
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Jennie L. Darsey

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Samuel Darsey

7. Birth date of deceased (mo., day, yr.)

July 12 - 1868

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

88420

hrs.

min.

9. Birthplace

Fredrick Co. Maryland

(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

Mr. Dawson, main

FATHER

12. Name

Maryland

13. Birthplace

Maryland

MOTHER

14. Maiden name

Maryland

15. Birthplace

Hospital RecordsFredrick, Md.BurialDec 5 - 1948Rose HillFrederick, Md.Funeral DirectorElmer Bridge & Son3 Dec1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1948 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11/18 1948 to 12/2 1948and that I last saw her alive on 12/2 1948

Immediate cause of death

Stroke

DURATION

Due to

Hypertensive Constricting

Due to

Ischemic

Other conditions

Fracture femur

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide acc Date of 11/17/48Where did injury occur? Mr. Army Ind. Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'l'c place (where?) HomeMeans of injury hooked foot on stump of wheel Injured at work? Yes (2/10/49 acc)

23. SIGNATURE

ED Thomas

M. D. or other

Address Fredrick, Md. Date signed Dec 2 - 48

RECEIVED

DEC 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12477

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town Rural Smithburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County FrederickCity or town Rural Smithburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME

Martin Luther Draper

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mrs. Mae Lewis Draper6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.)

Nov. 26, 1876

8. AGE:

Years

Months

Days

If less than one day

727

hrs.

min.

9. Birthplace

Stallville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

FATHER

12. Name

Hanson Draper

13. Birthplace

Stallville, Md.

MOTHER

14. Maiden name

Mary Middle

15. Birthplace

Stallville, Md.

16. Informant

Stanley Draper

Address

Smithburg, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 7, 1948
(month) (day) (year)

Cemetery or crematory

Blue Ridge Cemetery

Location

Thysmant

18. Funeral director

Stadhill G.

Address

Middletown, Md.

19.

(Date rec'd by registrar)

19 48J. A. Ryan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 19 48 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Never 19 48 to 19 48and that I last saw him alive on Never 19 48Immediate cause of death Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. A. Ryan, M.D.

M. D. or other

Address Frederick, Md.Date signed 12/6/48

RECEIVED

DEC 14 1948

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12478

Reg. Diat. No.

132

1. PLACE OF DEATH:

County FrederickCity or town Braddock Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since March 3, 1948

Hospital, institution, or street address where death occurred:

Jefferson Blvd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty MontgomeryCity or town Hyattstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

BIRDIE JOHNSON DUDROW

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Bradley H. Dudrow

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

November 19, 1873

8. AGE:

Years

Months

Days

If less than one day

7512

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name James Beall13. Birthplace Unknown

MOTHER

14. Maiden name Manzella (last name unknown)15. Birthplace Unknown

16. Informant

Mrs. Dorothy B. D. Neumaier

Address

Hyattstown, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 12/24/48

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 22 Dec 19 48

(Date rec'd by registrar)

Main Klassiel

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1948 11:45P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 7 19 47 to Dec 21 19 48and that I last saw him alive on Dec 21 19 48

Immediate cause of death

Chronic myocarditis

DURATION

5 yrs

Due to

Due to

Arterial hemorrhage
after several days
under stress of m.s.
disturbances16 min.21 days10 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. KlineM. D.
M. D. or otherAddress Frederick, MarylandDate signed 12-22-48

RECEIVED

JAN 3 1949

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 460 West Patrick Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war.

3. (a) FULL NAME ANNIE DUVALL
3. (b) Social Security Number None

4. Sex F
5. Color or race C
6. (a) Single, married, widowed, or divorced
W
6. (b) Name of husband or wife Bernard S. Duvall
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) (Unknown) APT. 1859
8. AGE: Year 89 ? Months _____ Days _____ If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION
20. DATE OF DEATH December 4, 1948 at 2 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 20 1948 to Dec. 4 1948
and that I last saw him or her alive on Dec. 4 1948
Immediate cause of death Cerebral hemorrhage
DURATION 1 month
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Frederick County Maryland
(Town, county, and state)
At Home
10. Usual occupation _____
11. Industry or business _____
FATHER 12. Name William Tyson
13. Birthplace Frederick County Maryland
MOTHER 14. Maiden name Caroline Middleton
15. Birthplace Frederick County Maryland
16. Informant Bernard S. Duvall, Jr.
Address 460 W. Patrick St., Frederick, Md.
17. Burial Date thereof 12/9/48
(Burial, cremation, or removal of remains) (month) (day) (year)
Cemetery or crematory Fairview Cemetery
Location Frederick, Maryland
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland
19. 8 Dec 1948 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

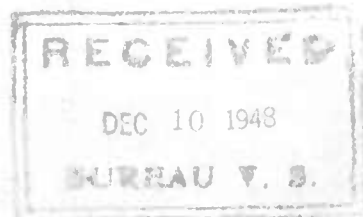
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE Bernard H. M. D.
Frederick, Maryland M. D. or other _____
Address _____ Date signed 12-7-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The contents of this page is especially important. Physicians: please write the causes of death clearly and legibly.

1839
89
1448



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Market Space
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 113 East Patrick Street
(If rural, give LOCATION)
World War I
2.(a) If veteran, name war

3. (a) FULL NAME

HARRY OSCAR ESWORTHY

3. (b) Social Security Number

214-10-3450

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Catherine Whitmore

7. Birth date of deceased (mo., day, yr.) November 12, 1901 6. (c) If alive, give age 39 years

8. AGE: Years 47 Months 1 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Adamstown, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

12. Name Charles E. Esworthy
13. Birthplace Bartonsville, Maryland

14. Maiden name Susan V. O'Hara
15. Birthplace Bartonsville, Maryland

16. Informant Mrs. Harry Esworthy
Address 113 E. Patrick St., Frederick, Md.

17. Burial Mount Olivet Cemetery
(Burial, cremation, or removal, etc.) Date thereof December 19, 1948
(month) (day) (year)
Cemetery or crematory Frederick, Maryland
Location C. E. Cline & Son

18. Funeral director Frederick, Maryland
Address

19. 17 Dec 19 48 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16th 19 48 at 8:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Never 19 _____ to 19 _____
and that I last saw him alive on never 19 _____

Immediate cause of death Coronary occlusion DURATION minutes

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

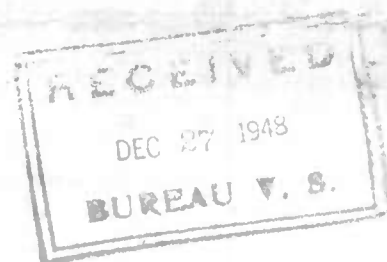
23. SIGNATURE James B. Thomas, M.D. Asst. Dept. Med. Ex.
M. D. or other _____
Address Frederick, Md. Date signed 12/17/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12481

Reg. Dist. No. 13

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2(a) If veteran, name war no

3. (a) FULL NAME

Nathie Lillian Ann Agnes Marie Fahnstock

3. (b) Social Security Number

no

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Geo Fahnstock

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Aug. 13 - 1909

8. AGE:

Year

Month

Days

If less than one day

39318

hrs.

min.

9. Birthplace

Thurmont Frederick Co Md

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Own Home

MOTHER

FATHER

12. Name

Chas Miller

13. Birthplace

Thurmont Md

14. Maiden name

Ellen Fagle

15. Birthplace

Thurmont Md

16. Informant

Mr Irvin Baugher

Address

Frederick Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec 3 - 48

Cemetery or place of

N. B. Cemetery

Location

Thurmont Md

18. Funeral director

M. J. Creager

Address

Thurmont Md19. 2 Dec

(Date rec'd by registrar)

1948Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 19 48 at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 18 48 to Dec. 1 19 48and that I last saw him/her alive on Dec. 1 19 48

Immediate cause of death

Endometritis

DURATION

3 da

Due to

Post-partum6 da.

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

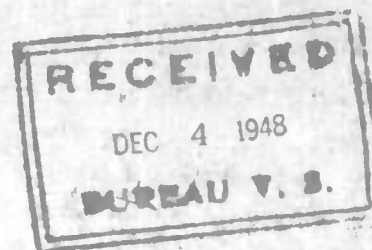
23. SIGNATURE

Arthur F. Woodward M.D.

M. D. or other

Address

Frederick, MdDate signed Dec. 1, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12482 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 wks
Hospital, institution, or street address where death occurred:
Tred Memorial Hospital
How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles E. Fraley

3. (b) Social Security Number

✓

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Fannie Miller Fraley
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1862

8. AGE: Year 86 Month 4 Day 10 If less than one day _____ hrs. _____ min.

9. Birthplace Fred Co. Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business _____

12. Name Jonathan Fraley

13. Birthplace Md.

14. Maiden name Mary Jane Shuff

15. Birthplace Md.

16. Informant George Miller

Address Thurmont

17. Burial Burial Date thereof Dec 26, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Lewistown, M.E.

Location Lewistown, Md

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. 24 Dec 1948 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1948 at 6.0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1948 to Dec 24 1948
and that I last saw him alive on Dec 24 1948

Immediate cause of death _____ DURATION _____

Due to Decidua in stomach

Due to _____

Other conditions Strangulated hernia

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. Dec 19-48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. P. Thomas M. D. or other _____

Address Frederick Date signed Dec 24-48

MARGIN RESERVED FOR BINDING

9-43-15

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

MEMORANDUM FOR THE ATTORNEY GENERAL

RE: [illegible]

DATE: [illegible]

RECEIVED
DEC 28 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

12483

157e

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick - Rural R.F.D.#4
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Church Hill
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MARY ELIZABETH FRYE

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 15, 1929
 6. (c) If alive, give age years

8. AGE: Years 18 Months 11 Days 18 If less than one day hrs. min.

9. Birthplace Nr. Church Hill-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Voucher Department11. Industry or business Potomac Edison Company12. Name C. Alvin Frye13. Birthplace Frederick County Maryland14. Maiden name Isabelle Jones15. Birthplace Frederick County Maryland16. Informant C. Alvin FryeAddress R. F. D. #4, Frederick, Maryland17. Burial 12/6/48

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Methodist CemeteryLocation Kemptown, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 6 Dec 1948 Elizabeth G. Hack

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3rd 1948 9:15P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her dead on Dec 3 19 48

Immediate cause of death

Ventricular fibrillation

DURATION

3 minutesDue to Congenital Heart Disease 18 year

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. M. D.Address Frederick, Maryland Date signed 12-4-48

RECEIVED BY THE OFFICE OF THE ATTORNEY GENERAL

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RECEIVED BY THE OFFICE OF THE ATTORNEY GENERAL

RECEIVED
DEC 7 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or ~~town~~ Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
105 South Bentz St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or ~~town~~ Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 105 S. Bentz Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Florence Grayson

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single; married, or divorced Married

6. (b) Name of husband or wife Edward Grayson
 6. (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ? 1861

8. AGE: Years 87 Months ? Days ? It less than one day ? hrs. ? min.

9. Birthplace Buckeystown, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name James S. Jones
 13. Birthplace Unknown

14. Maiden name ? Offutt
 15. Birthplace Unknown

16. Informant Mrs Charles Brooks
 Address Frederick, Maryland

17. Burial Date thereof December 3, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Fairview Cemetery
 Location Frederick, Maryland

18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 2 Dec 19 48 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1- 19 48 at 8 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 10 19 47 to 12-1- 19 48
 and that I last saw her alive on 11-28- 19 48

Immediate cause of death Cardiac Valvular Disease 2 yrs

Due to Coronary atherosclerosis

Due to Myocardial infarction

Other conditions Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. None

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) None (County) None (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE U. G. Boone M.D.
Frederick Md M. D. or other None
 Address Frederick Md Date signed 12/1/48

RECEIVED

DEC 3 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1395

1. PLACE OF DEATH:

County Frederick
 City or town Maryland Tuberculosis Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 10/20/48

Hospital, institution, or street address where death occurred:
State Sanatorium, Maryland

How long in hospital or institution? Since 10/20/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____

City or town Baltimore, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 111 S. High St.
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Hammond

3. (b) Social Security Number

213-07-7106

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of ~~XXXX~~ wife Mrs. Davis Louvier

7. Birth date of deceased (mo., day, yr.) February 16, 1901

8. AGE: Years 47 Months 10 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Pennsylvania
 (Town, county, and state)

10. Usual occupation City Laborer

11. Industry or business _____

12. Name Elmer Hammond

13. Birthplace Pennsylvania

14. Maiden name Anna Cain

15. Birthplace Pennsylvania

16. Informant Daughter-Mrs. Marchant

Address 111 S. High St. Balto., Md.

17. Burial Date thereof Dec. 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Moreland Memorial

Location Baltimore, Md.

18. Funeral director M. R. Creager, Son

Address Thurmont, Md.

19. _____ 19 _____
 (Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1948 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/20/48 to Dec. 20, 1948 and that I last saw him alive on December 20, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 14 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ralph W. Ballin M. D. ~~XXXX~~

Address _____ Date signed _____



RECEIVED

DEC 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Thurmont, Pa.
(If outside city or town limits, write RURAL and give nearest town)Street No. 147 Fairview Ave.
(If rural, give LOCATION)2. (a) If veteran, name war no

3. (a) FULL NAME

Emma Jane Hankey

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

James M. Hankey

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

7-11-1865

8. AGE:

Years

93

Months

5

Days

16

If less than one day

hrs.

min.

9. Birthplace

Littleton, Pa.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

12. Name

Abraham Long

13. Birthplace

Littleton, Pa.

14. Maiden name

Gertrude Mangus

15. Birthplace

Littleton, Pa.

16. Informant

John H. Hankey

Address

106 E. 8th St. Frederick Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Dec. 29, 1948
(month) (day) (year)

Cemetery or crematory

Mt. Zeban

Location

Rocky Ridge, Md

18. Funeral director

M. B. Cresswell & Son

Address

Thurmont, Md.19. Dec. 29

(Date rec'd by registrar)

19 48Wm. S. Pryor, Jr.
State Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1948, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 15, 1948, to Dec 27, 1948and that I last saw her alive on Dec 26, 1948

Immediate cause of death

Myocardial failure -

DURATION

6 days

Due to

acute bronchitis10 days

Due to

Other conditions

Senility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public places (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. F. Cresswell, Jr.

M. D. or other

Address Thurmont, Md. Date signed 12-27-48

1948-12-27
93-5-16
1835-9-11

RECEIVED

DEC 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Loudoun
City or town Lovettsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

BABY HARRINGTON, KAREN

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 13, 1948

8. AGE: Years _____ Months _____ Days 1 1/2 hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Kenneth W. Harrington
13. Birthplace Loudoun County Virginia

14. Maiden name Beryl Sawyer
15. Birthplace Pennsylvania

16. Informant Kenneth W. Harrington

Address Lovettsville, Virginia

17. Burial Burial Date thereof 12/15/48
(Burial, cremation or removal Which? (month) (day) (year))

Cemetery or crematory Union Cemetery

Location Lovettsville, Virginia

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 15-Dec 19 48 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14th 19 48 at 8:00 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 13 Dec 19 48 to 14 Dec 19 48
and that I last saw him/her alive on 14 Dec 19 48

Immediate cause of death

Congenital atelectasis
(Placenta Praevia (?))

Due to Prematurity

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Charles H. Cully, Jr. M. D.
Frederick, Maryland Date signed 12-15-48

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

12488

162b

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Bartonsville

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Bartonsville

(If rural, give LOCATION)

None

2.(a) Is veteran, name war.

3. (a) FULL NAME

SARAH ELIZABETH HILL

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife John Thomas Hill

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

February 29, 1864

8. AGE:

Years

Months

Days

If less than one day

8497

..... hrs.

..... min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Henson Tyler13. Birthplace Frederick County Maryland14. Maiden name Margaret Luckett15. Birthplace Frederick County Maryland16. Informant Spencer HillAddress R. F. D. #1, Frederick, Maryland

17. Burial

Date thereof 12/9/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetary or crematory Bartonsville CemeteryLocation R. F. D. #1, Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 9 Dec. 1948 Lucian K. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1948 11:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to Dec. 6, 1948and that I last saw him alive on November 19, 1948

Immediate cause of death

DURATION

General Debility
Physical exhaustion
Age

Due to

Due to Cardiac asthenia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. J. Bourne Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-9-48

RECEIVED

JAN 5 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

50

Reg. Dist. No. 141

1. PLACE OF DEATH:

County... Frederick
 City or town... Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... md. County... Frederick
 City or town... Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war... no

3. (a) FULL NAME

Anna May Shaffer

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced divorced
 6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1893 6. (c) If alive, give age _____ years

8. AGE: Years 55 Months _____ Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Petersville Frederick Co, Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Clinton Remsburg

13. Birthplace Middletown Md.

14. Maiden name Amanda Miles

15. Birthplace Hofferville Md.

16. Informant Mrs. Evelyn Sletner

Address Brunswick, Md.

17. Burial Date thereof Jan. 4, 1949
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown Md

18. Funeral director Gladhill Co.

Address Middletown Md

19. 1-4 19 49 Eugenia H. Burke
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 19 48 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 19 48 to Dec 31 19 48
 and that I last saw him alive on Dec 27 19 48

Immediate cause of death Melanotic Carcinoma 3 mo
of lungs

Due to Carcinoma left 1 yd
Breast (7)

Other conditions Anemia
Secondary
 (Include pregnancy within 7 months of death)

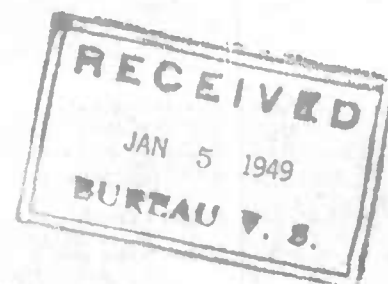
Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE A. L. Bruce
E. J. Person M.D. or other _____
 Address _____ Date signed 11/1/49



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12490

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Memorial Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 47 days
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 47 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
 City or town R.F.D. Shady Grove Road
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Mrs. Batches Jefferson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

8. (b) Name of husband or wife

John Jefferson Duvall

B. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 28 - 1894

8. AGE:

Ysrs

Months

Days

If less than one day

52627

hrs.

min.

9. Birthplace

Nashville Tenn
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Home

MOTHER

FATHER

12. Name

John Green

13. Birthplace

Tenn

14. Maiden name

Matilda Rowe

15. Birthplace

Tenn

16. Informant

Clara Jackson

Address

Daphn Springs road

17. Burial

Buried

Date thereof

Dec 30 1948

(Burial, cremation, or cause of death)

Cemetery or crematory

Rockyville Md

Location

Montgomery Co Md

18. Funeral director

Bo W. Barker

Address

Rockyville Md

19.

28 Dec1948Elizabeth G. Hack

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1948 at 8 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Nov. 8 1948, to Dec 25 1948and that I last saw him alive on Dec 25 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

2 weeks

Due to

Arteriosclerosis

Due to

Arteriosclerosis

(Include pregnancy within 5 months of death)

Major findings of operations

none

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Green, M.D.

M. D. or other

Address

Frederick, Md.

Date signed

12/25/48

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

RECEIVED
DEC 30 1948
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County... *Fredrick*
City or town... *Emmitsburg*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *25 yrs*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... *Md.* County... *Fredrick*
City or town... *Emmitsburg*
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME

Martin Kelly

3. (b) Social Security Number

none

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *married*
6. (b) Name of husband or wife *Minnie E. Kelly*
7. Birth date of deceased (mo., day, yr.) *9-15-1872* 6. (c) If alive, give age *73* years
8. AGE: Years *76* Months *3* Days *14* If less than one day
hrs. min.

9. Birthplace *Potomac Furnace Fredrick Co. Md.*
(Town, county, and state)

10. Usual occupation *Retired*
11. Industry or business *Laborer*

12. Name *Richard Kelly*
13. Birthplace *Ireland*

14. Maiden name *Mary Elliott*
15. Birthplace *Greencastle, Pa.*

16. Informant *Mrs Minnie Kelly*
Address *Emmitsburg, Md.*

17. *Burial* Date of death *Jan 1, 1949*
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory *United Lutheran*
Location *Thurmont, Md.*

18. Funeral director *M. B. Weaver & Son*
Address *Thurmont, Md.*

19. *Dec 31, 1948* *M. F. Shuff*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *December 29, 1948* at *8 P.M.*
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *1930* to *Dec 29, 1948*
and that I last saw him alive on *Dec 29, 1948*

Immediate cause of death *acute gastric hemorrhage* DURATION *12 hrs*

Due to *gastric Carcinoma* *2 yrs*

Due to

Other conditions *myocardial failure* *18 mo*
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

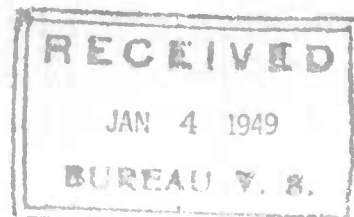
23. SIGNATURE *W. R. Cagle MD*
Address *Emmitsburg, Md.* Date signed *12-30-48*

MARGIN RESERVED FOR BINDING

VS-A15 9-45-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948-12-29
26-3-14
1892-9-15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **131**

12492

93d

1. PLACE OF DEATH:

County **Frederick**
City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
128 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**
City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **128 South Market Street**
(If rural, give LOCATION)

2.(a) If veteran, name war **None**

3. (a) FULL NAME

HARRY ELSWORTH LAKE

3. (b) Social Security Number

None

4. Sex **M** 5. Color or race **W** 6. (a) Single, married, widowed, or divorced **M**

6. (b) Name of husband or wife **Mary Weatherholt**

6. (c) If alive, give age **62** years

7. Birth date of deceased (mo., day, yr.) **January 22, 1867**

8. AGE: Years **81** Months **10** Days **10** It less than one day
.....hrs.min.

9. Birthplace **Terra Alta, West Virginia**
(Town, county, and state)

10. Usual occupation **Retired**

11. Industry or business

12. Name **Charles F. Lakel**
13. Birthplace **West Virginia**

14. Maiden name **Deliah Matlick**
15. Birthplace **West Virginia**

16. Informant **Mrs. Thomas Zimmerman**
Address **Rosemont Ave., Frederick, Md.**

17. Burial Date thereof **12/5/48**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Mount Olivet Cemetery**
Location **Frederick, Maryland**

18. Funeral director **M. R. Etchison and Son**
Address **Frederick, Maryland**

19. **3 Dec** 19**48** **Elizabeth G. Healy**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 2, 1948** at **8:55P** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 1948** to **December 2, 1948** and that I last saw him alive on **December 1, 1948**

Immediate cause of death **Degenerative heart disease** DURATION **2 yrs.**

Due to **Myocardial fibrosis** **2 yrs.**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **Arthur F. Woodward** M. D.
Frederick, Maryland

Address Date signed **12-3-48**

MARGIN RESERVED FOR BINDING

VS-A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12493

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

50 East South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 50 East South Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war

3. (a) FULL NAME

LOUISA MARY LONG

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or

Joseph L. Long

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

January 14, 1878

8. AGE:

Years

Months

Days

If less than one day

701025

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

12. Name William H. Harrison13. Birthplace Frederick County Maryland14. Maiden name Caroline Howard15. Birthplace Frederick County Maryland16. Informant Mrs. Claude G. PainterAddress 50 E. South St., Frederick, Md.

17. Burial

Date thereof 12/13/48

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 Dec 19 48

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1948 6:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20, 1948 to Dec 9, 1948and that I last saw him alive on Dec 8, 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D.

M. D. or other

Address Frederick, MarylandDate signed 12-10-48

RECEIVED

DEC 13 1948

BUREAU V. S.

RECEIVED

DEC 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12494

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Fredrick
 City or town Rocky Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Rocky Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sarah Elizabeth Long

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife William H. Long
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 31, 1866
 8. AGE: Years 82 Months 3 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick, Fred. Co., Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John M. Fisher
 13. Birthplace Harney, Md.
 MOTHER 14. Maiden name Mary E. Robinson
 15. Birthplace Harney, Md.

16. Informant Mrs. Elbert E. Haselough
 Address Rocky Ridge, Md.

17. Burial Funeral Date thereof 12-30-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Frederick Cemetery
 Location Frederick, Md.

18. Funeral director M. L. Cragg & Son
 Address Thurmont, Md.

19. Dec. 20 1948 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1948 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 15, 1946 to Dec 17 1948
 and that I last saw her alive on Dec. 14 1948

Immediate cause of death Carcinoma of the stomach DURATION 1 year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James G. [Signature] M. D. or otherAddress Thurmont, Md. Date signed Dec. 18-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12495

141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 months

Hospital, institution, or street address where death occurred:

613 N. Maple Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 613 N. Maple Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Cora Virginia McElvoy

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife William McElvoy

6. (c) If alive, give age --- years

7. Birth date of

deceased (mo., day, yr.) March 11, 1868

8. AGE:

80

Years

8

Months

29

Days

If less than one day

--- hrs.

--- min.

9. Birthplace Washington County, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name James M. Patten

13. Birthplace Unknown

14. Maiden name Annie Frances Reed

15. Birthplace Unknown

16. Informant Mr. W. S. Hammond

Address 613 N. Maple Ave., Brunswick, Md.

17. Burial Date thereof 12/13/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Samples Manor Cemetery

Location Samples Manor, Md.

18. Funeral director C. H. Fife and Bro

Address Brunswick Md.

19. Dec 11 19 48 Eugenia H. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1948 at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 30, 1948 to Dec. 10, 1948

and that I last saw her alive on Dec. 9, 1948

Immediate cause of death Septic pneumonia

DURATION

3 days

Due to Chorea - left heart Yes.

Due to Chorea - left heart Yes.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address Brunswick, Md. Date signed 12-11-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

12496

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 312 West South Street
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

SHAWN GLENVILLE MCGAHA

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) November 29, 1948

8. AGE:

Years

Months

Days

If less than one day

2

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Austin W. McGaha
 13. Birthplace Frederick, Maryland

MOTHER 14. Maiden name Jane Rae
 15. Birthplace Scotland

16. Informant Austin W. McGaha
 Address 312 W. South St., Frederick, Md.

17. Burial Date thereof 12/1/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. Dec. 1, 19 48
 (Date rec'd by registrar)

Elizabeth G. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 19 48, at 7 A ..M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mon 29 1948, to Dec 1 19 48,
 and that I last saw him alive on Nov 30 19 48.

Immediate cause of death

DURATION

Pre maturity 6 Mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

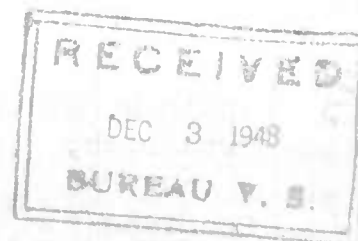
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick, Maryland M. D.
 Address..... Date signed 12-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12497
131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 60 Years

Hospital, institution, or street address where death occurred:

Home for the AgedHow long in hospital or institution? 4 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. Home for the Aged - Record Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

FLORENCE H. E. MEALEY

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

B.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 13, 18588. AGE: Years Months Days If less than one day
90 3 16 _____ hrs. _____ min.9. Birthplace Nr Shookstown, Frederick Co., Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Charles E. Mealey13. Birthplace Frederick County, Maryland14. Maiden name Elizabeth Staley15. Birthplace Frederick County, Maryland16. Informant Mrs. Horace C. ZachariasAddress Frederick, Maryland17. Burial Date thereof December 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 30 Dec 1948 Elizabeth Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29th 1948 2:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 28th 1948 to December 29 1948
and that I last saw her alive on December 28th, 1948Immediate cause of death
Acute coronary DURATION 48 hrs.Due to Chronic myocarditis 18 mos.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. H. Conley xxxx
C. H. Conley, M. D. or otherAddress Frederick, Md. Date signed 12/30/48

RECEIVED

JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

182

12498

Reg. Dist. No. 145

1. PLACE OF DEATH:

County.....*Frederick*
 City or town.....*Rural - Myersville*
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*2 weeks*
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Charles W. Metzger, Jr.

3. (b) Social Security Number

4. Sex.....*Male* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Single*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....*October 31, 1948* 6. (c) If alive, give age..... years

8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....*Frederick - Fredco. Md.*
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....*Charles Metzger Jr.*13. Birthplace.....*Middletown, Md.*14. Maiden name.....*Elephine Smith*15. Birthplace.....*Myersville, Md.*16. Informant.....*Charles Metzger Jr.*Address.....*Myersville, Md.*17. *Burial* Date thereof.....*Dec 8, 1948*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....*Pleasant Walk U.S.*Location.....*N. Myersville, Md.*18. Funeral director.....*Paul J. Bitts*Address.....*Myersville, Md.*19. *Dec 8 48* *D. Bitts*

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*Md.* County.....*Frederick*
 City or town.....*Rural - Myersville*
 (if outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2. (a) If veteran, name War.....

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....*Dec 6*.....*1948*.....at.....*2 A*.....M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....*1948*.....*Dec 6*.....*1948*
 and that I last saw h.f.m. alive on.....

Immediate cause of death.....

Asphyxiation
accidental smothering
with bed clothes

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....*accident*.....Date of.....*12.6.48*Where did injury occur?.....*N. Myersville, Md.*.....(City or town).....(County).....(State)Injured at home, farm, industry, public place (where?).....*home*Means of injury.....*smothered*.....Injured at work?23. SIGNATURE.....*P. W. Bitts*.....Address.....*Frederick*.....Date signed.....*12.6.48*

DR. R. W. BAER
 DEPUTY MEDICAL EXAMINER

RECEIVED

DEC 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12499

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

236-A North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 236-A North Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

WILLIAM EDWARD MILLER

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Dessie Putman6. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) December 23, 1874

8. AGE: Years 74 Months 0 Days 1 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name William F. Miller
 13. Birthplace Frederick County Maryland

14. Maiden name Henrietta Cashour15. Birthplace Frederick County Maryland16. Informant Mrs. Dessie MillerAddress 236-A N. Market St., Fred'k, Md.

17. Burial Date thereof 12/27/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 27 Dec 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1948 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec. 24 1948 to Dec. 24 1948
 and that I last saw him alive on Dec. 24 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Thomas M. D. or otherAddress Frederick, Md. Date signed 12/27/48

RECEIVED

DEC 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 12500
 Reg. Dist. No. 131

1. PLACE OF DEATH:

 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

378 Madison Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 378 Madison Street
 (If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (a) FULL NAME

ALTA FLORENCE MURPHY

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife John H. Murphy

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 13, 1895

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>9</u>	<u>13</u>hrs.min.

 B. Birthplace Middletown-Frederick-Maryland
 (Town, county, and state)

 10. Usual occupation At Home

11. Industry or business

FATHER	12. Name <u>Hanson Kepler</u>
	13. Birthplace <u>Frederick County Maryland</u>
MOTHER	14. Maiden name <u>Salome Dorcus</u>
	15. Birthplace <u>Frederick County Maryland</u>

 16. Informant John H. Murphy
 Address 378 Madison St., Frederick, Md.

 17. Burial Date thereof 12/29/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

 19. Date rec'd by registrar 28 Dec 1948
Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

 20. DATE OF DEATH December 26, 1948 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1936 to Dec. 26 19 48
 and that I last saw her alive on June 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

5 min

Due to

Due to

Other conditions

Cerebral Hemorrhage 12 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. F. Keine
 M. D.
 M. D. or other

 Address Frederick, Maryland Date signed 12-28-48

RECEIVED

DEC 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12501

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Jefferson-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Jefferson

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Jefferson - Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Jefferson

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ESSIE ELIZABETH PAINTER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>	
6. (b) Name of husband or wife			
6. (c) If alive, give age _____ years			
7. Birth date of deceased (mo., day, yr.) <u>September 26, 1948</u>			
8. AGE: Years	Months	Days	If less than one day
	<u>2</u>	<u>20</u>	_____ hrs. _____ min.

9. Birthplace... Frederick County Maryland
(Town, county, and state)10. Usual occupation... Infant

11. Industry or business

FATHER 12. Name... Charles C. Painter
 13. Birthplace... Frederick County Maryland

MOTHER 14. Maiden name... Virlie E. Snyder
 15. Birthplace... Frederick County Maryland

16. Informant... Mrs. Virlie Painter
 Address... Jefferson, Maryland - Rural

17. Burial... 12/20/48
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory... Mount Olivet Cemetery
 Location... Frederick, Maryland

18. Funeral director... M. R. Etchison and Son
 Address... Frederick, Maryland

19. 20 Dec 19 48 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 16 19 48 at 1 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him dead on December 16, 19 48
 Immediate cause of death... Malnutrition

DURATION
2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... R. W. Barr M. D. or otherAddress... Frederick, Md Date signed... 12-16-48

RECEIVED
DEC 22 1948
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12502

145

1. PLACE OF DEATH:

County FrederickCity or town Shallsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 75 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Shallsville, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Jacob W. Palmer

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Mrs. Mary Palmer

7. Birth date of

deceased (mo., day, yr.)

Mar. 25, 1873

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

75821

hrs.

min.

9. Birthplace

Shallsville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Uriah Palmer

12. Name

Shallsville, Md.

13. Birthplace

Mary Palmer

14. Maiden name

Shallsville, Md.

15. Birthplace

Albert Palmer

16. Informant

Middleton, Md.

Address

Burial Date thereof Dec. 9, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Shallsville, Md.

18. Funeral director

Shallsville, Md.

Address

Middleton, Md.19. Dec 9 48 Edgar Bitts

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 6 48 at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 48 to Dec 6 48and that I last saw him alive on Dec 5 48

Immediate cause of death

Chr. Valvular heart disease 4 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

J E Harp M.D. or otherAddress Middleton Date signed 12-7-48

STAIN 30 29479

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12503

134

1. PLACE OF DEATH:

County FredrickCity or town Emmitsburg, Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution? not in hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Augusta CoCity or town Fork Defiance
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John David Palmer

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

May E. Palmer6. (c) If alive, give age 27 years

7. Birth date of

deceased (mo., day, yr.)

July 2 - 1887

8. AGE:

Years

Months

Days

If less than one day

6159

hrs.

min.

9. Birthplace

Fork Defiance, Va
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farming

FATHER

12. Name

James H. Palmer

13. Birthplace

Stanley, Va.

MOTHER

14. Maiden name

Mrs. J. Hanger

15. Birthplace

Stanley, Va.

16. Informant

R. M. Palmer (son)

Address

Silver Spring, Md

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Dec. 14, 1948

(month) (day) (year)

Cemetery or

Augusta Stone

Location

Fork Defiance, Va.

18. Funeral director

A. L. Allison

Address

Emmitsburg, Md

19.

Dec 12, 1948

19

48

M. R. Shuff

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 - 19 48, at 12:40 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 3 -19 48to Dec. 11 -19 48and that I last saw him alive on Dec. 10 -19 48

Immediate cause of death

Arteriovenous aneurysm

Due to

Arteriovenous aneurysm

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

No operation

Date of op.

Autopsy results

No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

No

Date of

Where did injury occur?

No injury

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George H. Riggs, M.D.

M. D. or other

Address

Emmitsburg, MdDate signed 12-11-48

RECEIVED

DEC 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County... Frederick
 City or town... Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No... West main
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Robert Gordon Pampel

3. (b) Social Security Number

083-18-8029

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) December 16, 1908

8. AGE:

Years

Months

Days

If less than one day

400010

hrs.

min.

9. Birthplace... Frederick city, Frederick co. Md.
 (Town, county, and state)

10. Usual occupation

Clerk

11. Industry or business

Montgomery Ward

12. Name... Frank Pampel

13. Birthplace... Frederick city, Frederick co. Md.

14. Maiden name... Mary Elder

15. Birthplace... Emmitsburg, Md.

18. Informant... J. Bernard Welby

Address... Emmitsburg, Md.

17. Burial Date thereof... Dec. 29, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... St. Joseph Catholic Cemetery

Location... Emmitsburg, Md.

18. Funeral director... H. L. Allison

Address... Emmitsburg, Md.

19. Dec 28 48 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 26 19 48, at 5 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Dec 26 19 48

Immediate cause of death

acute alcoholism

DURATION

1 week

Due to... chronic alcoholism 20 years

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... P. W. Boer Deputy Med Ex

M. D. or other

Address... Frederick, Md. Date signed... 12.26.48

RECEIVED

JAN 4 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Rural Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Roy Emerson Poffinberger

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Martha Ellen Poffinberger
 7. Birth date of deceased (mo., day, yr.) June 15, 1898 6.(c) If alive, give age 47 years
 8. AGE: Years 50 Months 6 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Myersville, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business _____

12. Name Elmer Poffinberger

13. Birthplace Myersville, Md.

14. Maiden name Ma. Starkman

15. Birthplace Myersville, Md.

16. Informant Mrs. Martha Poffinberger

Address Myersville, Md.

17. Burial Date thereof Dec 23 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory U. B. Cemetery

Location Myersville, Md.

18. Funeral director Head Hill Co.

Address Middletown, Md.

19. Dec 23 48 19 _____
 (Date rec'd by registrar)

D. Edgar Bitt
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 19 48 at 6:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17 19 48 to Dec 20 19 48

and that I last saw him alive on Dec 17 19 48

Immediate cause of death _____ DURATION _____

Cerebral Hemorrhage 3 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp md. M. D. or other _____

Address Middletown Date signed 12-22-48

RECEIVED
DEC 27 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

12546

1. PLACE OF DEATH:

County Frederick
 City or town Rural - Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick
 City or town Rural - Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Elliston
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Ann Elizabeth Poole

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

B. (b) Name of husband or wife Hegzekiah Poole

7. Birth date of deceased (mo., day, yr.) Sept 22, 1866
 B. (c) If alive, give age years

8. AGE: Years 82 Months 3 Days 4 If less than one day
 hrs. min.

9. Birthplace Harmony, Fredco. Md
 (Town, county, and state)

10. Usual occupation Retired11. Industry or business Domestic12. Name Ella Baker13. Birthplace Fredco. Md14. Maiden name Amanda DeLauter15. Birthplace Fred. Co. Md.16. Informant Miss Alta PooleAddress Myersville, Md17. Burial Date thereof Dec 29, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory GrosnicklesLocation Myersville, Md18. Funeral director Paul J. BittleAddress Myersville, Md19. Dec 29 19 48 Paul J. Bittle

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26, 19 48, at 1:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8 19 48 to Dec 26 19 48and that I last saw her alive on Dec 24 19 48

Immediate cause of death

Carcinoma of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Harp mdAddress Myersville Date signed 12-29-48

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarnellCity or town Woodbine
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war. NONE ✓

3. (a) FULL NAME

Poole Mrs. Edna L.

3. (b) Social Security Number

220-18-0326

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife Poole, Mr. Harvey D.6. (c) If alive, give age 34 years

7. Birth date of

deceased (mo., day, yr.) 8-21-13

8. AGE:

Years

Months

Days

If less than one day

35 4 10 hrs. min.

9. Birthplace

Howard Co. Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 1-3-1949
(month) (day) (year)

Cemetery or crematorium

Location

18. Funeral director

Address

19. 3-Jan

(Date rec'd by registrar)

1949

Elizabeth H. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1948 at 1:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 30 1948 to December 31 1948and that I last saw h. e. v. alive on December 31 1948Immediate cause of death Intestinal Obstruction DURATIONIntussusception 1 day

Due to

Due to

Other conditions

Normal delivery of live female 12/24/48
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

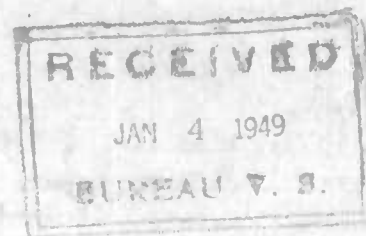
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce M.D.
M. D. or other
Address Frederick Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 223 East Second Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

CHARLES SMITH PRICE

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Helen Urner6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.)

March 31, 1881

8. AGE:

Years

67

Months

8

Days

27

If less than one day

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name John E. Price13. Birthplace Frederick County Maryland14. Maiden name Mary Ordeman15. Birthplace Frederick County Maryland16. Informant Mrs. Helen Urner PriceAddress 223 E. 2nd St., Frederick, Md.

17. Burial

Date thereof 12/30/48

(Burial, cremation, or removal. Which?)

Cemetery or crematory Mount Olivet Cemetery

Frederick, Maryland

Location

18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 30 Dec 1948

(Date rec'd by registrar)

Elizabeth S. Etchison

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1948 at 12:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1940 to Dec 28 1948and that I last saw him alive on Dec 28 1948Immediate cause of death Uremia &dissecting aortic aneurysm,myocardial infarction,with decompensationof the heartdue toobstruction due to herniaof the aortaOther conditions

(Include pregnancy within 3 months of death)

Major findings of operations Intestinal obstructiondue to hernia Date of op. Dec 27, 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. B. B. M. D.Address Frederick, Maryland Date signed 12-29-48

RECEIVED

JAN 3 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 131a

Reg. Dist. No. 138

1. PLACE OF DEATH: *Frederick*
 County *New London Md.*
 City or town *New London Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Frederick*
 City or town *New London*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME *James Edward Pryor*

3. (b) Social Security Number
220-10-5043

4. Sex *Male* 5. Color or race *Black* 6. (a) Single, married, widowed, or divorced *Married*
 6. (b) Name of husband or wife *Bertha Thomas Pryor*
 6. (c) If alive, give age *66* years
 7. Birth date of deceased (mo., day, yr.) *5 mo 10 da 1882*
 8. AGE: Years *66* Months *1* Days *28* If less than one day
 hrs. min.

9. Birthplace *Frederick Co Md.*
 (Town, county, and state)
 10. Usual occupation *Farm Laborer*
 11. Industry or business
 12. Name *William Pryor*
 13. Birthplace *Frederick Co Md.*
 14. Maiden name *Mary Lyles*
 15. Birthplace *Frederick Co Md.*

16. Informant *Bertha Pryor*
 Address *int air Maryland*
 17. Burial *Burial* Date thereof *Dec 6 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory *Corsons Chapel Cemetery*
 Location *New London Md.*
 18. Funeral director *W E Falconer*
 Address *New Market Md*
 19. *Dec 5* 19 *48* *Lucia K Falconer*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *December 3* 19 *48* at *4 P.* M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 1 19 *47* to *Dec 3* 19 *48*
 and that I last saw him alive on *Nov 30* 19 *48*

Immediate cause of death *Thrombia*
 Due to *Chronic Intestinal*
nephritis
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE *Emmet R Roop Md.*
 Address *New Market Md.* Date signed *12-4-48*
 M. D. or other

12599

CERTIFICATE OF DEATH

1. FULL NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF DEATH

6. TIME OF DEATH

7. PLACE OF BIRTH

8. OCCUPATION

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. SIGNATURE OF PHYSICIAN

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF WITNESSES

14. SIGNATURE OF DECEASED

15. SIGNATURE OF NEXT OF KIN

16. SIGNATURE OF CLERGYMAN

17. SIGNATURE OF CHURCH

18. SIGNATURE OF FUNERAL HOME

19. SIGNATURE OF BURIAL

20. SIGNATURE OF CREMATION

21. SIGNATURE OF INTERMENT

22. SIGNATURE OF REINTERMENT

23. SIGNATURE OF REINTERMENT

24. SIGNATURE OF REINTERMENT

25. SIGNATURE OF REINTERMENT

26. SIGNATURE OF REINTERMENT

27. SIGNATURE OF REINTERMENT

28. SIGNATURE OF REINTERMENT

29. SIGNATURE OF REINTERMENT

30. SIGNATURE OF REINTERMENT

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41. SIGNATURE OF REINTERMENT

42. SIGNATURE OF REINTERMENT

43. SIGNATURE OF REINTERMENT

44. SIGNATURE OF REINTERMENT

45. SIGNATURE OF REINTERMENT

RECEIVED
JAN 5 1949
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12510

Reg. Dist. No. 131

1. PLACE OF DEATH: **Frederick**
 County **Frederick**
 City or town **Frederick**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **4 weeks**
 Hospital, institution, or street address where death occurred: **Crutchley Nursing Home, 708 N. Market St.**
 How long in hospital or institution? **4 weeks**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Frederick**
 City or town **Rural -- Frederick**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Lewistown**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **no**

3. (a) FULL NAME
MARY BIRDIE RAMSBURG

3. (b) Social Security Number
no

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) **April 1, 1888**
 6. (c) If alive, give age years
 8. AGE: Years **60** Months **8** Days **21** It less than one day
 hrs. min.

9. Birthplace **Lewistown, Frederick Co. Md.**
 (Town, county, and state)
 10. Usual occupation **Retired**
 11. Industry or business **Domestic**
 12. Name **Jonas Ramsburg**
 13. Birthplace **Maryland**
 14. Maiden name **America Boller**
 15. Birthplace **Maryland**
 16. Informant **Mrs. Ivan Naugle**

17. Address **Thurmont, Md.**
Burial Date thereof **Dec. 25, '48**
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or ~~cemetery~~ **United Brethren BLUE RIDGE**
Thurmont, Md.
 Location **M. L. Creager & Son**
 18. Funeral director
 Address **Thurmont, Md.**

19. **24 Dec 1948** **Elizabeth G. Hecks**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 23 1948** at **1:15 A.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 17 1948** to **December 23 1948**
 and that I last saw him alive on **December 21 1948**

Immediate cause of death **Carcinomatosis** DURATION

Due to **Carcinoma of rectum**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations **Carcinoma of rectum with metastases to bladder** Date of op. **July 1948**

Autopsy results **not done**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **M. Frankel's Sons** M. D. or other

Address **Thurmont, Md.** Date signed **12/23/48**

RECEIVED

DEC 28 1948

BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12511

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death Since November 12, 1948
 Hospital, institution, or street address where death occurred:
State Sanatorium
 How long in hospital or institution? Since November 12, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
 City or town Towson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 17 Hilltop Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

Arthur J. Ringgold

3. (b) Social Security Number

029-03-9139

4. Sex Male 5. Color or race White 6. (c) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Bernadine Ringgold
 7. Birth date of deceased (mo., day, yr.) December 4, 1892
 8. AGE: Years 56 Months 24 Days hrs. min.

9. Birthplace Baltimore County, Maryland
 (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER 12. Name John J. Ringgold
 13. Birthplace Baltimore County, Maryland
 MOTHER 14. Maiden name Lula White
 15. Birthplace Front Royal, Virginia
 16. Informant Patient

Address

17. Burial Date thereof Dec. 31, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Marys Goveans
#12, Baltimore, Md.
 Location

18. Funeral director Henry W. Jenkins & Sons
 Address 4905 York Rd., Balto., Md.

19. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1948 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 12, 1948 to December 28, 1948 and that I last saw him alive on December 28, 1948

Immediate cause of death

Cardiac insufficiency
Pulmonary Tuberculosis

DURATION

1 mo.
11 1/2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

R. W. Ballin

Address Date signed

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 16 Years

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural - Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

JOSEPH HENRY ROBERTS, SR.

3.(b) Social Security Number

217-12-1356

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteWidowed6.(b) Name of husband or wife Rosa E. Ensor

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 7, 18788. AGE: Years Months Days If less than one day
70 9 10 _____ hrs. _____ min.9. Birthplace New Windsor, Carroll County, Maryland
(Town, county, and state)10. Usual occupation Hauling Contractor (Truck)

11. Industry or business

12. Name Francis H. Roberts13. Birthplace Carroll County, Maryland14. Maiden name Mary D. Criswell15. Birthplace Carroll County, Maryland16. Informant Mr. Joseph H. Roberts, Jr.Address Frederick, Maryland17. Burial Date thereof December 21, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Bethel Methodist CemeteryLocation Near Oak Orchard, Maryland

C. E. Cline & Son

18. Funeral director Frederick, MarylandAddress Frederick, Maryland19. 20 Dec 1948 Elizabeth Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17th 19 48 at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

I am a 1 19 46 to Dec. 17 19 48and that I last saw him alive on Dec 17 19 48Immediate cause of death Cerebral hemorrhageDue to HypertensionOther conditions Diabetes Mellitus2nd Degree Burn back (8cm area)

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Humphreys M.D.Address Frederick, Md.Date signed 21/18/48



Please Query "Burns":

What caused the 2nd
degree burn of back?
Accident?

Date
Place

Filed in Dec

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12512

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 weeks
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Frederick
 City or town Walkersville, md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War I

3. (a) FULL NAME

Jacob Edward Rutzah

3. (b) Social Security Number

215-10-2496

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 14, 1897
 6.(c) If alive, give age - years

8. AGE: Years 51 Months 10 Days 28 hrs. - min.

9. Birthplace Frederick Co.
 (Town, county, and state)

10. Usual occupation clerk - grocery store

11. Industry or business

12. Name Charles S. Rutzah

13. Birthplace Frederick Co.

14. Maiden name Loretta Isabelle Smith

15. Birthplace Frederick Co.

16. Informant Mrs Charles S. Rutzah

Address Walkersville, md

17. Burial Date thereof Dec. 15, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt Hope

Location Woodlawn, md.

18. Funeral director G. E. Barton

Address Walkersville, md

19. 14 Dec 48 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12/48 1948 at 7:50 P M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1945 to Dec 12 1948

and that I last saw him alive on Dec 12 1948

Immediate cause of death Carcinoma Bladder - metastasis

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

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Other conditions -

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Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

Other conditions -

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12513

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 A.M. to 5:50 P.M., 12/29/48
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Del County Wesley
 City or town Wesley Road Wilmington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Dr. Percy Russell

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Mrs. Agnes Russell
 7. Birth date of deceased (mo., day, yr.) Unknown 8. (c) If alive, give age ABT. 1866
 8. AGE: Years 82 Months Days It less than one day hr. min.

9. Birthplace Maryland
 (Town, County, and state)
 10. Usual occupation Retired Dentist
 11. Industry or business
 12. Name Mrs. Isaac Russell
 13. Birthplace New Market Md.
 14. Maiden name Lucy Buckingham
 15. Birthplace Md

16. Informant Charles Russell
 Address Swarthmore Pa
 17. Burial Burial Date thereof Dec 31 1948
 (Burial, cremation, or removal. When?) (month) (day) (year)
 Cemetery or crematory New Market Cemetery
 Location New Market Md
 18. Funeral director W.E. Falconer
 Address New Market Md
 19. Dec 30 19 48 Elizabeth G. Heck
 (Data rec'd by registrar) Registrar

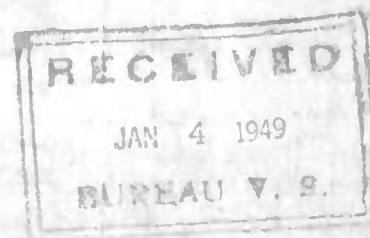
MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 19 48 at 5:50 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 29 19 48 to Dec. 29 19 48
 and that I last saw him alive on Dec. 29 19 48
 Immediate cause of death Acute Coronary Thrombosis DURATION 1 day
 Due to
 Due to
 Other conditions Intense sclerotic Heart Disease Several weeks
 (Include pregnancy within 3 months of death)
 Major findings of operations none Date of op.
 Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE A. A. Pearce, M.D. M. D. or other
 Address Frederick, Md Date signed 12/29/48

1966

1948
83



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12514

Reg. Dist. No. 131

EVIDENCE FOR ADDITION IN
#21 IS ON:
Film # 9118-2-4-49

1. PLACE OF DEATH:

Frederick

County

Adamstown-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

Near Lily Pons

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Adamstown-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Lily Pons

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

FAITH VIRGINIA SEARS

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

September 11, 1940

8. AGE:

Years

Months

Days

If less than one day

8

3

12

hrs.

min.

9. Birthplace

Nr. Lily Pons-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

Public School

FATHER

12. Name

Fulton D. Sears

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Dorothy Plunkard

15. Birthplace

Frederick County Maryland

16. Informant

Fulton D. Sears

Address

R. F. D. #1, Adamstown, Maryland

17. Burial

Date thereof 12/27/48

(Burial, cremation, or removal. Which?)

Cemetery or crematory Monocacy Cemetery

Location Beallsville, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 27-Dec

(Date rec'd by registrar)

1948

Elizabeth L. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23rd 1948 at 1:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 15, 1948 to December 23, 1948

and that I last saw her DEAD

Immediate cause of death

Shock
Hemorrhage

DURATION

10 minutes

Due to

Penetrating wound
of neck; ran sled runner
in neck accidentally.

Due to

(2/3/49-)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident

Date of 12-23-48

Where did injury occur? Lily Pons Frederick Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

At Home

Means of injury Coasting on Snow

Injured at work? No

Deputy Medical Examiner

23. SIGNATURE

M. D. or other

Frederick, Maryland

Date signed 12-23-48

RECEIVED

DEC 28 1948

BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12515

50

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. No

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Ora May Seiss

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Willis Seiss6.(c) If alive, give age 62 years

7. Birth date of

deceased (mo., day, yr.)

Sept 24, 1888

8. AGE:

Years

Months

Days

If less than one day

6033

hrs.

min.

9. Birthplace

Woodlawn - Fredco. Md
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

J. Allen Sayler

12. Name

13. Birthplace

Md.

14. Maiden name

Mary Baker Sayler

15. Birthplace

Md.

16. Informant

Willis J. Seiss

Address

Thurmont, Md.

17. Burial

Blue Ridge

Cemetery or crematory

Thurmont, Md.

18. Funeral director

M. L. Creswell & Son

Address

Thurmont, Md.19. Dec 28

Date rec'd by registrar

19 48

Year

Dr. J. Pryor

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 19 48 at 5:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 2 19 48 to December 27 19 48and that I last saw him alive on December 23 19 48

Immediate cause of death

DURATION

carcinomatosisDue to carcinoma of leftbreast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

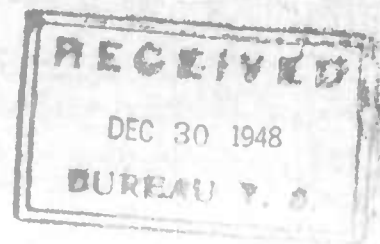
Means of injury Injured at work?

23. SIGNATURE

M. Frank Bink

M. D. or other

Address Thurmont, Md. Date signed 12/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH: *Frederick*
 County.....
 City or town *Mr. Monrovia*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *40 years*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Frederick*
 City or town *Rural Mr. Monrovia Md.*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Anna Mary Sewell

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *Black* 6.(a) Single, married, widowed, or divorced *widow*
 6.(b) Name of husband or wife *William H. Sewell*
 7. Birth date of deceased (mo., day, yr.) *Don't know ABT. 1874* 6.(c) If alive, give age..... years
 8. AGE: Years *about 74* Months..... Days..... If less than one day..... hrs..... min.....

9. Birthplace *New Market Frederick Co Md*
 (Town, county, and state)

10. Usual occupation *House wife*

11. Industry or business

12. Name *Daniel Goose*

13. Birthplace *Frederick Co Md.*

14. Maiden name *Clara Hall*

15. Birthplace *Frederick Co Md.*

16. Informant *Clara Nicely Sewell*

Address *Monrovia Md.*

17. *Burial* Date thereof *Dec. 5, 1948*
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory *Simpson Chapel Cemetery*

Location *New Market Md.*

18. Funeral director *W. E. Falconer*

Address *New Market Md.*

19. *Dec 4* 19*48* *Lucian H. Falconer*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *December 2, 1948, at 1 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *July 12, 1947, to Dec 2, 1948*
 and that I last saw him alive on *Nov 27, 1948*

Immediate cause of death *Carcinoma of Stomach* DURATION *7 wks*

Due to.....

Due to.....

Other conditions *Anemia, pernicious* *3 yrs*

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE *Ernest P. Roop, M.D.*

Address *New Market, Md.* M. D. or other

Date signed *12-4-48*

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

RECEIVED

JAN 5 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Hanover
 City or town Hanover
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 261 Frederick Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

IRVING LUTHER SHUFFLER, III

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

5. (b) Name of husband or wife

6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) November 28, 1948

8. AGE:	Years <u>0</u>	Months <u>0</u>	Days <u>3</u>	If less than one day hrs. min.
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9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Irving L. Shuffler, Jr.
 13. Birthplace Frederick County Maryland

14. Maiden name Mavin Loreyne Keplinger
 15. Birthplace Williamsport, Maryland

16. Informant Irving L. Shuffler, Jr.
 Address 261 Frederick St., Hanover, Pa.

17. Burial 12/3/48
 (Burial, cremation, or other) (month) (day) (year)

Cemetery or Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 3 Dec 1948 Elizabeth G. Hecker
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1948 at 11:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28, 1948 to Dec. 1, 1948
 and that I last saw him alive on Dec 1, 1948

Immediate cause of death atelectasis DURATION 3 days

Due to premature birth
Two fetuses

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE R. D. Thomas M. D.
Frederick, Maryland M. D. or other

Date signed.....

RECEIVED

DEC 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

302

12518

131

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ..
Hospital, institution, or street address where death occurred:
Emergency Hospital
How long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 512 Trail Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
CHARLES WILLIAM SMITH

3. (b) Social Security Number
220-26-5980

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Blanche Lease

7. Birth date of deceased (mo., day, yr.) September 29, 1883 8. (c) If alive, give age 68 years

8. AGE: Years 65 Months 2 Days 11 If less than one day
.....hrs.min.

9. Birthplace Nr. Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name George E. Smith

13. Birthplace Frederick County Maryland

14. Maiden name Marian E. Simpson

15. Birthplace Carroll County Maryland

16. Informant Mrs. Blanche Smith

Address 512 Trail Ave., Frederick, Md.

Burial 12/13/48
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 13 Dec 1948 Elizabeth G. Heath
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1948 at 6:25P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 28 1948 to Dec. 10 1948
and that I last saw him alive on Dec. 10 1948

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Central Nervous System 20 years
Syphilis
(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard H. H. H. M. D.

Address Frederick, Maryland M. D. or other

Date signed 12-11-48

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12519

140

133a

Reg. Dist. No. ~~1574~~

1. PLACE OF DEATH:
 County Frederick
 City or town Detour Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Md County Frederick
 City or town Detour Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME Clayton Reuben Snook.

3. (b) Social Security Number
No

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Emma Catherine Pittenger

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 18th. 1865

8. AGE: Years 83 Months 2 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Detour. MD
 (Town, county, and state)

10. Usual occupation Farmer, Retired

11. Industry or business _____

12. Name Wm. Snook

13. Birthplace Carroll Co. MD

14. Maiden name Unknown.

15. Birthplace Unknown

16. Informant Mrs Emma C. Snook.

Address Detour. MD

17. Burial Date thereof Dec. 5th. 48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Haugh's Cemetery

Location Near Ladiesburg. MD

18. Funeral director M. L. Creager & Son.

Address Thurmont. MD

19. Dec. 4 1948 Blanche S. Eyle

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3. 1948 at 12:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1948, to Dec. 3 1948 and that I last saw him alive on Nov. 20 1948

Immediate cause of death Acute Poisoning DURATION 10 days

Due to Chronic pyelo-nephritis 6 mos.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James H. Gray M.D.

Address Thurmont. Md. Date signed 12/4/48

RECEIVED

DEC 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

12520

46b

1. PLACE OF DEATH:

County Frederick
 City Rural, nr. Mt. Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Frederick
 City Rural, nr. Mt. Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Washington Snyder

3. (b) Social Security Number

—

4. Sex m 5. Color or race w 6. (a) Single, married, widowed, divorced married

6. (b) Name of husband or wife Mary Lochner
 6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1869

8. AGE: Years 79 Months 2 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles E. Snyder

13. Birthplace Frederick Co.

14. Maiden name Sarah Ellen Nusbaum

15. Birthplace Frederick Co.

16. Informant Mr. Crayton Snyder

Address Frederick, Route 1, Md.

17. Burial Date thereof Dec. 26, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Chapel

Location nr. Libertytown

18. Funeral director J. C. Barton

Address Walkersville, Md.

19. 24 Dec 1948 Elizabeth L. Hatcher
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1948 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1948 to Dec 23 1948 and that I last saw h. alive on Dec 23 1948

Immediate cause of death Intestinal obstruction

Due to Carcinoma stomach

Due to Intestinal obstruction

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Samuel E. Foster Day M. D. or other _____

Address Walkersville, Md Date signed Dec 23, 48

RECEIVED

DEC 28 1948

BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FLM No. G 118 JAN 25 1949 - SHOWS EVIDENCE FOR ADDITION IN #22 12521
 Evidence for change of age shown on:
 FILM No. G 118 DEC 10 1948 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since April, 1946
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution? Since April, 1946

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Point of Rocks
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war. None

3. (a) FULL NAME
ELLA ESTELLE STUNKLE

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife Henry Stunkle
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 16, 1861
 8. AGE: Years 87 ~~88~~ Months 8 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Montgomery County Maryland
 (Town, county, and state)
None
 10. Usual occupation _____
 11. Industry or business _____
 12. Name Charles Larman
 13. Birthplace Montgomery County Maryland
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Lindsay Stunkle
 Address Taneytown, Maryland
 17. Burial Date thereof 12/8/48
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or crematory St. Pauls Cemetery
 Location Point of Rocks, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 7 Dec 19 48 Elizabeth G. Hoch
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 19 48 at 7:30A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 46 to Dec. 4 19 48
 and that I last saw h. ex alive on Dec. 3 19 48

Immediate cause of death
Chronic Nephritis
with Uremia

DURATION
1 year
1 week

Due to _____

Due to _____

Other conditions fracture neck of femur
left
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

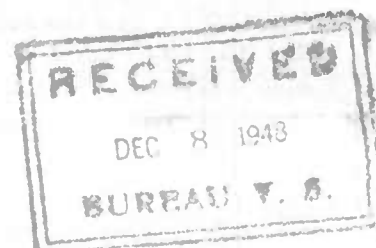
Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of Dec. 1948

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) Montevue home
 Means of injury came slipped and she fell on floor

23. SIGNATURE Bernard Hunsicker M. D.
Frederick, Maryland Date signed 12-7-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution, or street address where death occurred:
255 St. Patrick St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 255 St. Patrick St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Bessie May Summers

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Calvin Summers
 7. Birth date of deceased (mo., day, yr.) Feb. 27, 1879
 8. AGE: Years 69 Months 9 Days 6 If less than one day
 hrs. min.

9. Birthplace Myersville, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Peter Harshman

13. Birthplace Myersville, Md.

14. Maiden name Lucinda Chiles

15. Birthplace Myersville, Md.

16. Informant Emily R. Summers

Address Frederick, Md.

17. Burial Date thereof Dec. 6, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Shashill Co.

Address Middletown, Md.

19. 16 Dec 1948 Elizabeth G. Heck
 (Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1948 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1948 to Dec 3 1948
 and that I last saw him alive on Dec 3 1948

Immediate cause of death Chronic coronary artery disease
Chronic angustine heart failure 3 mo

Due to Chronic myocarditis 6 yrs

Due to Chronic myocarditis 6 yrs

Other conditions Coronary atherosclerosis 6 mo

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

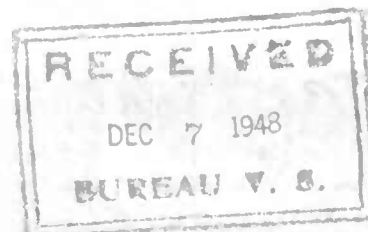
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. J. Price M. D. or other

Address Jefferson Md Date signed 12/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 51 yearsHospital, institution, or street address where death occurred:
253 West Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 253 West Patrick Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

WILLIAM D. TURNER

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Bessie Davis Turner6. (c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) October 7, 18668. AGE: Years Months Days if less than one day
82 2 12 hrs. min.9. Birthplace Fairfax County, Virginia
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Duane Turner13. Birthplace New York14. Maiden name Georgianna Fisher15. Birthplace Loudoun County, Virginia16. Informant Mrs. William D. TurnerAddress 253 W. Patrick St., Frederick, Md.17. Burial Date thereof December 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 20 Dec 19 48 Elizabeth E. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19th 19 48 at 11:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov - 20, 1948 19 48 to Dec. 19 19 48
and that I last saw him alive on Dec. 17 19 48Immediate cause of death Cerebral arterio-sclerosis

DURATION

5 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas M. D. or otherAddress Frederick, Md. Date signed Dec. 20, 1948

RECEIVED
DEC 22 1948
BUREAU A. S.

EVIDENCE FOR ADDITION
IN # 22 SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM No. G 113 JAN 25 1949 CERTIFICATE OF DEATH

1952

12524

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City Frederick (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? About 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Walkersville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

ELIA LUCINDA WALTERS

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female

White

Widowed

8. (b) Name of husband or ~~mar~~ Charles E. Walters

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22, 1865

8. AGE: Years Months Days If less than one day
83 1 12 hrs. min.

9. Birthplace Duncannon, Pennsylvania
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas E. Hartsock

13. Birthplace Frederick County, Maryland

14. Maiden name Mary E. O'Dear

15. Birthplace Frederick County, Maryland

16. Informant Mr. William Walters

Address Frederick, Maryland

17. Burial Date thereof December 6, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Hill Cemetery

Location Nr. Woodsboro, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 6 Dec 48 Eligbeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4th 1948 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 28 1948 to Dec. 4 1948

and that I last saw her alive on Dec. 3 1948

Immediate cause of death

Chronic nephritis

Chorea

DURATION

2 years

1 week

Due to

Due to

Other conditions Fracture neck of femur right

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? No information available

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) E/25/49 abc

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.D.

Frederick, Md M. D. or other

Address Date signed Dec. 4, 1948

MARGIN RESERVED FOR BINDING

I

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

352 Park Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 352 Park Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

ELEANOR JEANNETTE WEAST

3.(b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

FemaleWhiteWidowed6.(b) Name of husband or wife Hiram J. Weast

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 15, 18598. AGE: Years Months Days If less than one day
89 6 18 _____ hrs. _____ min.9. Birthplace Nr. Monrovia, Frederick Co., Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Jesse Walker13. Birthplace Nr. Hyattstown, Maryland14. Maiden name Jemima Moxley15. Birthplace Nr. Hyattstown, Maryland16. Informant Mrs. R. Bruce MurdochAddress 352 Park Ave., Frederick, Maryland17. Burial Date thereof December 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or monastery Pleasant Hill CemeteryLocation Monrovia, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 4 Dec 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3rd 1948 at 2:00 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4 1947 to Dec 3 1948and that I last saw him alive on Dec 2 1948

Immediate cause of death _____ DURATION _____

Due to Subarachnoid Hemorrhage 3 Da

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE H. C. ClineAddress 410 Church St Date signed 12/4/48

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

134 C

12526

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Eylers Valley
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Eylers Valley
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elmer P. Wolf

3. (b) Social Security Number

No4. Sex Male5. Color or race White6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Eliza Jane Stottlemeyer7. Birth date of deceased (mo., day, yr.) March 31, 1868

8.(c) If alive, give age _____ years

8. AGE: Years 80 Months 8 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Gunsmith

11. Industry or business

12. Name Hiram A. Wolf13. Birthplace Md14. Maiden name Mary Gordon.15. Birthplace Md16. Informant Mrs Clayton Mc AfeeAddress Thurmont. MDBurial Dec. 5th. 48

17. (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)

Cemetery or crematory Bathel CemeteryLocation Near Garfield. Md18. Funeral director M. L. Creager & SonAddress Thurmont. MD.19. Dec. 4 19 48 Blanche S. Eyles

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3rd. 1948 at 6:30 A.M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 19 48 to Dec. 2 19 48and that I last saw him alive on Dec. 2 19 48Immediate cause of death Pyelo-nephritisDue to Ascending infection from chronic cystitis

Due to _____

Other conditions Stones in bladder

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

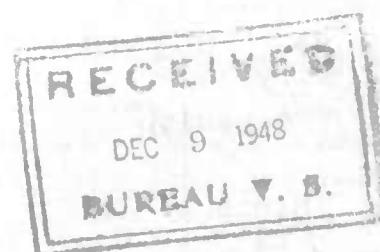
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James A. Gray M.D.Address Thurmont Md. Date signed 12/4/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12527

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 Years
 Hospital, institution, or street address where death occurred:
21 Rosemont Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 21 Rosemont Avenue
 (If rural, give LOCATION)
None
 2. (a) If veteran, name war

3. (a) FULL NAME

WAITER FRANKLIN ZEIGLER

3. (b) Social Security Number

212-10-0561

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced—Married
 6. (b) Name of husband or wife Mary E. Cauliflower
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) March 27, 1883
 8. AGE: Years 65 Months 8 Days 17 It less than one day
 hrs. min.

9. Birthplace Chambersburg, Pennsylvania
 (Town, county, and state)
 10. Usual occupation Plant Wire Chief
 11. Industry or business C. & P. Telephone Co.
 12. Name George A. Zeigler
 13. Birthplace Nr. Carlisle, Pennsylvania
 14. Maiden name Clara Kurtz
 15. Birthplace Nr. Carlisle, Pennsylvania
 16. Informant Mrs. Walter F. Zeigler
 Address 21 Rosemont Ave., Frederick, Md.

17. Burial Date thereof December 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location
 18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 15 Dec 48 Elizabeth G. Heel
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14th 1948 2:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1, 1948 to Dec 14, 1948
 and that I last saw him alive on Dec 14, 1948
 Immediate cause of death Coronary thrombosis DURATION 1 hour

Due to Chronic thrombocytopenic purpura
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Wm M Smith, M.D.
 M. D. or other
 Address Frederick Date signed 12-15-48

RECEIVED

DEC 18 1948

BUREAU V. S.